



CAPTAIN: _____

STATION/SHIFT: _____

FIRE STATION TOUR REQUEST FORM

ORGANIZATION / GROUP NAME: _____

RESPONSIBLE PARTY: _____

PHONE NUMBER: _____

DATE REQUESTED: _____ TIME OF ARRIVAL: _____

NUMBER OF CHILDREN: _____ AGE OF CHILDREN: _____

NUMBER OF ADULTS: _____

ANYONE WITH SPECIAL NEEDS? _____ YES _____ NO

TYPE OF DISABILITY: _____

_____ #1 – 911 N. Sixth Street

_____ #2 – 1550 S. Main Street

_____ #3 – 2817 W. Elm Street

_____ #4 – 3201 Boschertown Road

_____ #5 – 1650 Hawks Nest Drive

SPECIAL TOPICS TO BE COVERED: _____

Chief Officer

Date request taken: _____

E-mailed to Captain on: _____